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CENTRAL FAX CENTER**JUN 27 2006****FAX TRANSMISSION****DATE:** June 27, 2006**PTO IDENTIFIER:** Application Number 09/914698-Conf. #9996
Patent Number**Inventor:** David Moore GLOVER et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP
Cynthia L. Kanik, Ph.D.**PHONE:** (617) 227-7400**Attorney Dkt. #:** CCI-017US**PAGES (Including Cover Sheet):** 11**CONTENTS:** Transmittal (1 page);
Fee Transmittal (1 page, in duplicate);
Amendment After Final Action Under 37 C.F.R. 1.116 (5 pages);
Three-Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page); and
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PTO/SB/97 (08-04)
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Application No. (if known): 09/914698

Attorney Docket No.: CCI-017US

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on June 27, 2006
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Transmittal (1 page);
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PTO/GB/21 (09-04)

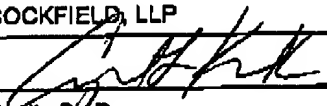
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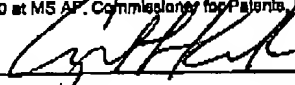
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/914898-Conf. #9996
		Filing Date	January 22, 2002
		First Named Inventor	David Moore GLOVER
		Art Unit	1642
		Examiner Name	B. J. Fetterolf
Total Number of Pages in This Submission	11	Attorney Docket Number	CCI-017US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard; and Certificate of Transmission
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Cynthia L. Kanik, Ph.D.		
Date	June 27, 2006	Reg. No.	37,320

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JUN 27 2006

PTO/SB/17 (12-04v2)

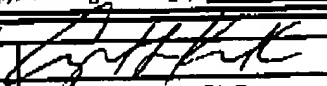
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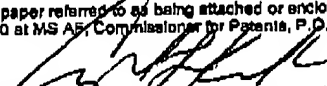
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Effective on 12/01/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4118). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/914698-Conf. #9996
		Filing Date	January 22, 2002
		First Named Inventor	David Moore GLOVER
		Examiner Name	B. J. Fetterolf
		Art Unit	1642
TOTAL AMOUNT OF PAYMENT (\$) 510.00		Attorney Docket No.	CCI-017US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity Fee (\$) Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50 25
Each independent claim over 3 (including Reissues)							200 100
Multiple dependent claims							360 180
Total Claims Extra Claims Fee (\$) Fee Paid (\$)		Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
10 - 38 = x = =							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
1 - 4 = x = =							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 (round up to a whole number) x = =							
							Fees Paid (\$)
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month							510.00

SUBMITTED BY		Registration No. 37,320	Telephone (617) 227-7400
Signature 	Name (Print/Type) Cynthia L. Kanik, Ph.D.	Date June 27, 2006	

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